

Original Article

Nursing Students' Difficulties in Determining the Care Needs of Patients on Clinical Practice: A Qualitative Descriptive Study

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Abstract

Background: Initiatives to determining the care needs of patients are gained to nursing students throughout education. However, little is known about the situation of the students applying these initiatives and the difficulties they have in clinical practicum.

Objective: Our research was designed to explore nursing students' difficulties in determining the care needs of patients on clinical practice.

Methodology: This was a descriptive qualitative study using the content analysis approach. The study was conducted in 2019 with 46 nursing students enrolled at a nursing school. The participants were selected through simple random sampling method and attended semi structured interviews and 4 focus groups. The data were interpreted using the method of content analysis.

Results: Three main themes were created: the problems related to interviewing with patients, the problems related to the physical examination, and the proposed solutions for the problems experienced by the students during determining the care needs of patients. It is found that most of the students had problems in communicating and performing physical examinations on patients of the opposite sex.

Conclusion: It was observed that the students had difficulties in both taking patient history during the patient interviews and performing the physical examination. Educators and nurses should perform more patient interviews, apply more physical examination methods together with the students during recording patient history and, public advertisements should be made regarding gender perception in nursing.

Keywords: Nursing students, Patient's need for care, Physical examination, History taking

Introduction

Nursing education involves both theoretical and practical educational processes. Practical experience in health care settings is the foundation of nursing education. The purpose of practical experience is to improve the students' professional knowledge and skills, independent decision-making, and effective interpersonal communication (Dinmohammadi, Jalali & Peyrovi, 2016). Nursing students use these skills in determining the care needs of patients.

Determining patient care needs is among the first steps of the nursing care process. This process involves communicating with the patient, collecting data from the patient about his illness, making a physical assessment (Kaya, 2019). However, in this process, nursing students may have problems; especially they push some aspects into the background or experience some difficulties in terms of accessing information (Acar & Buldukoglu, 2016; Uysal & Yenal, 2016). The problems experienced by nursing students while

determining patients' needs, the causes of these problems, and suggested solutions must be determined.

In the literature, it has been reported that nursing students have difficulties obtaining information from patients during the nursing process. The causes of the deficiencies in nursing students' practices towards nursing process can be summarized as follows: limited knowledge, difficulties in communication due to some issues, lack of self-confidence in physical assessment and problem determination, concerns about misunderstanding by patients, age, gender, race, cultural and religious values of patients (Karatay, Bowers & Karadag, 2016). The most challenging issues are related to the urogenital system, sexuality-reproduction, and belief. Uysal and Yenal (2016) examined the data collection forms used by the students in the clinical education in their study with nursing students and they found that no data was collected about sexuality and reproductive area most of the forms. The reason for this was found to be a sense of shame and the lack of knowledge. In these areas, sexuality is the most commonly reported one. In the studies, it was found that nurses pushed some data into the background during the data collection process, although they knew the procedures for the process. They were barely sensitive about the sexuality of the patients, did not give information, and did not make suggestions to the patients (Saunamäki & Engström, 2014; Ozan, Duman & Cicek, 2019; Bell et al., 2019). Talking about sexuality and the urogenital system can be shameful in some societies. However, patients may be unwilling to disclose personal information and to be physically examined because their privacy has not been protected and confidentiality may have been jeopardized. In a study conducted in a foreign country, some nursing students stated that they did not allocate time to collect sexual histories of the patients while some of them stated that the patients did not want to share these pieces of information with them. In the study, it was stated that this result may be related to the nursing education curriculum (Magan, Reynolds & Galvin, 2005). There are other studies reported that the students experienced difficulties in sexual examination during

interviews and physical examination (Karatay, Bowers & Karadag, 2016; Liu & Li, 2017).

It is also expected that students have difficulties in the physical examination of the areas where they have difficulties during patient interviews. In the literature, it has been stated that there are many different areas in which some difficulties are experienced in making physical examinations due to cultural values, and these areas are also neglected during patient interviews (Douglas, Windsor & Lewis, 2015; Karatay, Bowers & Karadag, 2016).

Based on the results of the study, it can be said that it is very important to determine the areas where nursing students have difficulties in taking a patient history and the physical examination have a significant role in the patient examination. It is suggested that the solution recommendations be developed as a result of these determinations to help students and their patients to be more compatible with decreasing problems when they become professional nurses. Besides, the determination of existing problems, factors causing these problems, and solutions suggested by students can guide nursing education. Therefore, this study was conducted qualitatively to determine the problems experienced by nursing students while determining patients' needs, the causes of these problems, and suggested solutions.

Methodology

Research design: A descriptive qualitative study was conducted.

Setting and Recruitment of Participants: This study was carried out within the nursing department of one university. By convenience sampling, participants from first, second, third, and fourth-year of students were recruited to capture a diversity of experiences, ranging from elementary learners to mature learners in their clinical placement. Participation in the study was voluntary, and it was explained that there would no penalty for refusing to take part in the study. The study conducted with 46 nursing students (12 of them are first, 11 of them are second, 12 of them are third, 11 of them are fourth-year) who agreed to participate in the study and gave an informed consent. In the literature, it is suggested that the

number of participants required for a focus group interview should be between 6 and 12 (Onwuegbuzie & Leech, 2007). Therefore, the data saturation level was considered sufficient in the study.

Data Collection: The data were collected between 23 May 2019 and 1 June 2019. One focus group discussion was conducted for each class; four group discussions were conducted in total. The participants selected from the university. The moderator contacted them one day before and during the interview and informed them about the study.

The interviews were held in the meeting room of the university on the days and hours when the participants and the researchers were available. In the interviews, the students were asked semi-structured questions by one of the researchers (a female Ph.D. researcher is experienced in the focus group discussion). The questions were prepared according to the researchers' experiences and academic literature (Table 1.).

A moderator and an observer (co-moderator) got involved in each focus group discussion. The cards containing the names of the participants were placed on the table. The moderator asked the

questions to the students while co-moderator took short notes on the answers from the students. During each interview, 2 recorders were placed on the table and audio recordings were taken. Each interview lasted 45 minutes on average.

Data Analysis: The data obtained from the focus group discussions were analyzed using thematic analysis method (Braun & Clarke, 2006). The data was verified and written by two of the researchers in parallel with the sound recordings. Subsequently, the sound recordings were read in detail by the researchers, the sub-themes were united and the themes were created. During the thematic analysis, the researchers uncovered sub-themes and themes through joint discussions and the exchange of ideas. The students were coded by including their classes (C), the order in the focus group interview (P), and gender, respectively.

Ethical Consideration: This research was approved by a University Research Ethics Committee (IRB: 02-2019/09). Informed consent was obtained from every eligible participant. Data confidentiality of the investigators and remained under her exclusive control. To ensure anonymity, potential identifying information, such as names or places, was not reported.

Table 1 : Survey Questionnaire

1. Could you say your name and introduce yourself briefly?
2. Do you have any difficulties in communicating with patients while taking patient history in your clinical practice? If you have, what do you experience?
3. Do you have any problems in performing the physical examination of patients in clinical practice? If you have, what do you experience?
4. What do you suggest for the solution of these problems that you have experienced while taking the patient history and physical examination?
5. Do you have anything to say about this issue? Thank you.

Table 2: Nursing Students' Difficulties in Determining the Care Needs of Patients

Main themes	Sub themes
Problems related to patient interviews	Student Related Problems
	Patient Related Problems
Problems related to physical examination	Student Related Problems

	Patient Related Problems
	Individual Recommendations
Solution suggestions for the problems	Recommendations for The Educational Process
	Recommendations Towards Society

Results

46 nursing students were participating in this study, including 24 females and 22 males aged from 18 to 23. Conventional content analysis, in which coding categories were informed by the literature and derived directly from the data, was employed. Three main themes were determined as problems related to patient interviews, problems related to physical examination, solution suggestions for the problems (Table 2).

Theme 1: Problems Related to Patient Interviews: This main category consisted of two sub-categories as student-related problems and patient-related problems.

Sub-theme 1: Student related problems

Most of the nursing students reported that they sometimes had problems in communicating with patients during clinical practice. The students stated that they experienced stress, shyness, and shame. They reported that patients showed less respect when the patients knew that they were nursing students. The students also reported that not only patients, but also relatives of the patients expected every application and the answer to every question asked from them, and this situation caused stress especially in the first years of nursing education.

"Sometimes I hesitate to ask patients questions because patients may say why are you asking me these questions? I also explain to patients, but I am stressed when I ask the questions, they can ask why this happening is and why is that happening? Mostly I can't answer, which stress me out" (1C.3P. Female)

"I can easily ask questions, I have no problems. Patients also answer" (3C.9P. Female)

The students generally stated that the number, content of the questions asked by them, and gender of the answerer were influential on the data collection process. They expressed that they had difficulties when they ask questions on sexuality, urogenital system, especially when they ask the questions to patients in the opposite sex.

"... We have difficulties in asking questions about the genitourinary system, and it becomes even more difficult when the patient is a woman" (1C.12P. Male)

"For example, when asking about vaginal discharge, we feel strange. This is normal in the health sector but we are afraid to ask patients" (2C.5P. Female)

"In general, we can't ask questions about sexuality. Especially in the practice of obstetrics and gynecology, we have difficulties in communicating with patients because of patient privacy" (4C.1P. Male)

Sub-theme 2: Patient-related problems

The students generally expressed that patient responses affected their approach to patients and their communication with patients was influenced by the communication skills of patients, the content of the questions, and the nationality of patients. They reported that they were able to obtain data more easily from communicable patients but had difficulties in communicating with the patients who did not speak the same language.

"I have already cared for 2 patients only until now. Both of them complained about the high number of questions..." (1C.11P. Female)

"They don't trust us even in a small application. There is a rejection" (2C.11P. Male)

"We had communication problems because there was not much communication with Syrian patients due to the language difference. A patient needed a blood transfusion, and I could not train this patient on the side effects of transfusion" (3C.7P.Female)

Theme 2: Problems Related to Physical Examination

This main category consisted of two sub-categories as student-related problems and patient-related problems.

Sub-theme 1: Student related problems

Most of the students described themselves as inadequate, inexperienced, and prejudiced about performing physical examinations. They said that they had a problem doing physical examinations to patients in the opposite sex independently of gender. The students reported that they were usually unable to perform breast examination, urogenital system examination, lochia follow-up, determination of fundus height, and listening bowel sounds.

"The genitourinary system examination has difficulties, especially when the patient is female" (1C.12P.Male)

"Urinary system" (2C.1P.Male)

"I can't listen to bowel sounds" (3C.1P.Male)

"In Lochia follow-up" (3.10.Female)

"Perform breast or perineal examination by hand or by eye is a problem for us" (4C.11P.Male)

Sub-theme 2: Patient-related problems

As in taking the patient story, they expressed that they sometimes got negative reactions when they wanted to do a physical examination to patients in the opposite sex and therefore they couldn't use all the physical examination techniques. The students also stated that the limited use of physical examination techniques by the nurses in the clinics caused the patients to be uneasy about this issue and to perceive physical examination performed by nurses unnecessary.

"For example, when we say that we will do a physical examination, they asked as 'do you have to do it?', they don't want it. They say 'Why bother, doctors already come and see'. They consider us unnecessary" (1C.8P.Female)

"She didn't want me to touch her leg when I wanted to see if there was edema in a female patient" (2C.4P.Male)

"We have problems in examining patients' privates. For example, they do not let us listen to their bowel sounds. Inspection is not a problem, but we can have problems with palpation" (3C.1P.Male)

"Physical examination is a problem for us in itself. During the internship period, we did a very little physical examination. I had great difficulties in performing physical examinations of male patients because patients sometimes misunderstand this situation. The patients do not allow us to touch them because the doctors examined them before us... I have seen that very few of the nurses performed a physical examination. I've seen palpation in the maternity ward only" (4C.8P.Female)

Theme 3: The Solution Suggestions for the Problems

This main category consisted of 3 sub-categories as individual recommendations, recommendations for the education process, and recommendations for the society.

Sub-theme 1: Individual recommendations

Some of the senior students stated that their prejudices about performing physical examinations were sometimes due to themselves, and this problem can be solved by developing communication and psychomotor skills.

"We have a prejudice about this issue, rather than the fact that patients do not allow it and they are uneasy. We cannot perform a physical examination because of our prejudice about the unwillingness of patients to physical examination and the uneasiness of them due to the situations we

have encountered before, our relatives, as far as we have seen, will not allow, the patient will be uneasy" (4C.9P.Female)

"I think our way of asking questions is also important. When we ask the questions comfortably and confidently, patients answer them comfortably. When we seem hesitant, patients can also hesitate. We can do it by gaining experience" (4C.12P.Male)

They expressed that when the questions about sexuality and the urogenital system are difficult to ask patients or when patients have difficulty in answering these questions, patients should have the opportunity to write the answers of questions in the data collection form.

"We can ask the patient to fill it out, it's like a separate questionnaire, we can tell him to fill it out and get the information after filling it" (1C.5P.Male)

"It is important to obtain patients' consent. If a patient does not want to answer, the data collection form can be given to that patient and thus he/she can answer the questions about sexuality himself/herself and it can be applied like a questionnaire" (2C.1P.Male)

Sub-theme 2: Recommendations for the educational process

The students stated that the number of questions in the data collection forms should be reduced, educator nurses should perform more physical examination with students during clinical practice, and the theoretical and laboratory applications for the physical examination should be increased for eliminating the problems in data collection during determining patient care needs.

"I think if we see how someone does it, we can make it more easily. I think that we can perform it when we observe more an educator how to take patients, to ask questions, and to perform the examination" (1C.11P.Female)

"For example, the number of laboratories can be increased. The more we practice, the easier we can get used to working in

the laboratory and the clinic" (2C.5P.Male)

Sub-theme 3: Recommendations towards society

The students stated that the perception of nursing as a women's profession caused problems during the applications performed by male nurses and therefore training programs and public service announcements should be prepared to infuse the male nurse perception into the society.

"... Seminars on the existence of male nurses and public awareness can be expanded. Patients should treat male nurses so comfortably how they treat male doctors" (3C.3P.Female)

"For example, I did my summer internship at a university hospital and there were tables in each clinic as help and allow the trainee to have confidence in training" (4C.3P.Female)

"When we enter the hospital, a photo of a female nurse immediately meets us. The messages containing a male nurse or a male nurse taking care of a patient can be given." (4C.8P.Female)

Discussion

To carry out nursing care, patient needs should be determined. Therefore, a detailed history should be taken from patients by nurses at the diagnosis stage. In this process, face-to-face interviews with patients and physical examination methods are used (Zambas, Smythe & Koziol-Mclain, 2016; Kaya, 2019). These methods are explained to students throughout nursing education. In this study, the problems experienced by nursing students in this process were identified and discussed under three topics.

Problems Related to Patient Interviews: In the study, it was observed that the students, especially first-year students experienced stress during patient interviews. The students were worried about the inability to answer the questions about the diseases asked by patients. This result may be related to the limited clinical experience and knowledge of first-year nursing students. In a study conducted by Gunay and Kılınç (2018), the students stated that

they were inadequate in terms of clinical knowledge and clinical practice. In the studies of Killam and Heerschap (2013) and, Liljedahl et al. (2015) the students expressed that they sometimes experienced anxiety during the clinical application process due to their lack of knowledge and experience.

During patient interviews, the students stated that they had difficulties in asking questions about sexuality and the urogenital system to a patient of the opposite sex. In the literature, it has been stated that individual characteristics may be effective in detecting privacy-related problems (Magnan, 2005). Otherwise; it can be difficult to talk about this issue for students, nurses, and patients. The socio-cultural level of the place of residence may affect this situation (Evcili & Demirel, 2018; Ozan, Duman & Cicek, 2019). In the study, students expressed that they were worried due to the probability of being misunderstood by patients when they asked questions about sexuality and the urogenital system. Therefore, this result is expected.

The students also stated that the openness of patients to communication helped the process of taking the history, but they had difficulty in receiving data from patients with a different language. It has been stated that not only students but also nurses find it difficult to communicate with foreign patients because they cannot communicate (Kent-Wilkinson et al., 2013; Henderson, Barker & Mak, 2016; Ozan, Duman & Cicek, 2019).

Problems Related to Physical Examination: In the study, the students stated that they could not make a physical examination of the areas in which they had difficulty in communicating with patients. They reported that they could not use palpation and auscultation techniques in a patient of the opposite sex. In the study conducted by Karatay et al. (2016) it was stated that it is difficult to practice on the issues involving patient privacy and this situation is related to the cultural structure of the society. Douglas et al. (2015) stated that the nursing students did not examine internal genital organs, the examination of the anus, and the determination of fetal position. The reason was

suggested to be related to lack of knowledge and confidence, and local culture.

In the study, patient reactions also affected the physical examination skills of the students. It was observed that the physical examinations performed by the students aroused curiosity and anxiety of the patients when they performed this application because the nurses did not frequently perform physical examinations in the clinic. The studies have shown that nurses are less likely to perform physical examinations during clinical practice (Douglas, Windsor & Lewis, 2015; Cicolini et al., 2015). Therefore, they cannot guide students on this subject and thus the patient and their relatives may think that physical examination is not among the professional nursing interventions.

Solution Suggestions for the Problems: In this study, the students stated that it was necessary to increase the training programs, laboratory practices and to make more practice about these issues during the clinical application period to overcome negative feelings about patient interviews and physical examinations. In the university where the study is carried out, there was no separate course for nursing diagnosis and the subjects were included in the other courses at the time of the study. Therefore, these results may be related to this situation. Besides, students reported that nurses did not perform physical examinations frequently. Therefore, the lack of role models probably caused students to feel the lack of practice. Similarly, it was reported in the literature that the frequency of physical examinations applied by nurses was low (Koc & Saglam, 2012; Birks et al., 2013; Eyuboglu & Caliskan, 2019).

In the study, it was found that the negative feelings of the students were not only related to themselves and their education but they were also related to the reactions of the patients. It has been suggested that practices should be developed to develop community and corporate culture to prevent difficulties while providing care to patients of the opposite sex in society. In the studies, it was stated that community culture and institutional culture were effective in the low frequency of physical examinations by nurses (Douglas, Windsor & Lewis, 2015; Osborne et al., 2015). In the study, it was determined that nursing has still been

perceived as a women's profession, and this situation causes that male nurses to experience problems during their practices. It has been suggested to organize public spots to bring infuse male nurses into society. Although men started nursing education since 2007 in Turkey, there are studies stated that there is an image that nursing is a woman's profession in society according to the literature (Ozarlan, 2015; Osborne et al., 2015; Unver et al., 2016). As can be understood from all these findings, it was determined that nursing students should be supported more in history taking the process and this subject should have more places in curricula.

Limitations of the study: This study was conducted only with nursing students studying at a university, as such; we do not seek generalisability of the findings.

Conclusion: In conclusion, it was stated that this result may be related to individual factors, curricula, educators' approach, nurses' approach, organizational culture, and community culture. Therefore, it was first thought that the theoretical and practical hours related to the subject should be increased and the educators and nurses should be more involved in the practices together with the students. To eliminate any bias, it was recommended that public spots should be continued for the public that nurses can make interventions to a patient of the opposite sex. Besides, it was suggested that especially nurses should be encouraged to perform physical examination interventions more frequently to infuse the fact that physical examination is among the professional nursing interventions in patients.

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